

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107089306

FILING DATE

18 MAY 2002

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2				/		/	52						
3				/		/	53						
4				/		/	54						
5				/		/	55						
6				/		/	56						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4		5		TOTAL IND.						
TOTAL DEP.			9		9		TOTAL DEP.						
TOTAL CLAIMS			10		14		TOTAL CLAIMS						

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